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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Applicant Number	09/829,031	
	Filing Date	09-April-2001	
	First Named Inventor	Jeffrey Browning	
	Group Art Unit	1648	
	Examiner Name	Bao Q. Li	
Total Number of Pages in This Submission	5	Attorney Docket Number	A063 US

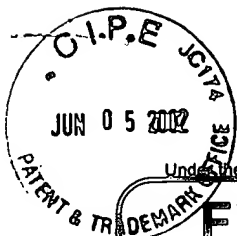
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below)
Remarks The Commissioner is hereby authorized to charge any additional fees to Deposit Account number 02-2327.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Niki D. Cox, Esq., Reg. No. 42,446
Signature	<i>Niki Cox</i>
Date	May 7, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>7 May 2002</u>			
Typed or printed name	Jeanne S. Schmitter		
Signature	<i>Jeanne Schmitter</i>	Date	5/7/02

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PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002

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TOTAL AMOUNT OF PAYMENT (\$) 400

Complete if Known

Application Number	09/829,031
Filing Date	09-Apr-2001
First Named Inventor	Jeffrey Browning
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 02-2327</p> <p>Deposit Account Name:</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. ADDITIONAL FEES</p> <table><thead><tr><th>Fee Code</th><th>Large Entity (\$)</th><th>Small Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table>		Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
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<p>**or number previously paid, if greater; For Reissues, see above</p>		<p>Other fee (specify) _____</p> <p>Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 400</p>																																																																																																																																																		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Niki D. Cox, Esq.	Registration No. (Attorney/Agent)	42,446
Signature	<i>Niki D. Cox</i>	Telephone	(617) 679-2079
		Date	May 7, 2002

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